



Cleaning of Anaesthetic & Ventilators Equipment Procedure

Procedure Number
WCDHB-IC-0006

Version Nos:
6

1. Purpose

This Procedure outlines the process for the cleaning of Anaesthetic Equipment: & Ventilator Equipment by West Coast District Health Board (WCDHB) staff members.

2. Application

This Procedure is to be followed by all clinical staff throughout WCDHB.

3. Definitions

There are no definitions associated with this Procedure:

4. Responsibilities

For the purposes of this Procedure:

Clinical Nurse Specialist - Infection Control is required to:

- oversee all aspects of this Procedure

Staff Members are required to:

- ensure they abide by the requirements of this Procedure;
- abide by all WCDHB Infection Control Policy and Procedures;
- abide by all WCDHB Health and Safety Policy and Procedure.

5. Resources Required

This Procedure requires:

- i) Soap and warm water
- ii) 70% isopropyl alcohol
- iii) Sterile water
- iv) Dedicated “anaesthetic equipment rigid proof container

6. Process

1.00 Anaesthetic equipment is a potential vector in the transmission of microorganisms. Proper handling and processing of medications, supplies and equipment can reduce the risk of infection to the patient.

1.01 Anaesthetic equipment that comes in contact with the vascular system or sterile body tissue should be sterile at the time of use. Items such as IV catheters, tubing, & stopcocks, syringes, needles & medication vials & ampoules are considered critical items. The Centre of Disease Control & Prevention (CDC) uses Spaulding’s criteria to determine the potential for transmission of infectious agents. In this classification, items contacting the vascular systems or sterile tissues pose the greatest risk of infection and a classified as critical.

Aseptic technique should be used when preparing medication. Breaks in aseptic technique have contaminated IV anaesthetic agents and medications, resulting in clusters of infection.



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Good practices include:

- Performing hand hygiene before preparing medications
- Cleaning vial stoppers before puncturing them
- Using multiple needles to withdraw medication into multiple syringes
- Not transferring syringes of unused medication between patients and
- Not storing syringes of Propofol at room temperature for the day

- 1.02 Anaesthetic equipment (laryngeal masks, laryngoscope blades, magill forceps, kidney dishes, bag-masks, silicon face masks) that has been used on a patient must be rinsed in warm water then placed in a dedicated 'anaesthetic equipment' puncture proof container and sent to CSSD for processing.
- 1.03 For each patient a new bacterial and viral filter are to be placed between the face mask and the anaesthetic tubing.
- 1.04 Disposable anaesthetic tubing is to be changed at the end of each operating list or if contaminated at any stage with blood or body fluids.
- 1.05 Non-disposable anaesthetic tubing is to be changed at the end of each operating list, or if contaminated at any stage with blood or body fluids. It should be placed in a dedicated 'anaesthetic equipment' puncture proof container and sent to CSSD for processing
- 1.06 Single- use items (e.g., breathing circuit's, endotracheal tubes, filters, needles, some LMAs, stylets, suction catheters, syringes) should be used once and discarded in accordance with manufactures, local and national regulations
- 1.07 WCDHB Anaesthetic single use items include:
- Facemasks (excluding silicon face masks)
 - Bacterial & viral filters
 - Hepa Filters
 - Stylets & Blue Bougie
 - Endotracheal tubes
 - Oropharyngeal & Nasopharyngeal airways
 - LMA (prebreath blue) & LMA supreme
 - Disposable fast trach – LMA & endotracheal tubes
- 1.08 Anaesthetic equipment that comes in contact with mucous membranes should be sterilised or undergo high level disinfection before use. Reusable items (e.g., airways, breathing circuits, connectors, fiberoptic endoscopes, forceps laryngoscope blades, masks, self-inflating bags, some laryngeal mask airways (LMAs), transducer tubing, and transoesophageal probes) are considered semicritical. According to the CDC the potential for transmitting infectious agents is significant and these items are classed as semi-critical.
- 1.09 A gum elastic bougie is a reusable item which is rinsed and sent to CSSD for processing
- 1.10 Reusable LMA Pro-seal LMA classic are rinsed and sent to CSSD can be processed 40 times then discarded



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- 1.11 Reusable Fast trach LMA are sent to CSD for reprocessing
- 1.12 Reusable Laryngoscope handles should be cleaned between patient uses with a low level disinfectant (70% isopropyl alcohol wipes). If contaminated at any stage with blood or body fluids send the outer casing to CSSD for processing.

7. Precautions And Considerations

- ➔ Non-disposable Anaesthetic tubing to be changed at the end of each list or if it has been contaminated at any stage with blood and body fluids and sent to CSSD.
- ➔ Disposable Anaesthetic tubing changed and disposed of into clinical waste bag after each list.
- ➔ Ventilator tubing to be changed after each patient
- ➔ Venojet cylinders are to be immediately discarded if they become visibly contaminated with blood or body fluids
- ➔ Aseptic technique should be used when handling & preparing medications
- ➔ All staff to apply Standard Precautions

8. References

New Zealand Standard – Infection Control (NZS 8142:2008)
Preoperative Standard & Recommended practice 2009 Edition (AORN)

9. Related Documents

WCDHB Health and Safety Procedure Manual
WCDHB Infection Control Procedure Manual

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